

The Rapid Pulse

November 2001

The Director's Perspective

By Dr. Eugene Migliaccio

I am happy to present the second installment of our Division's recently revitalized newsletter *The Rapid Pulse*.

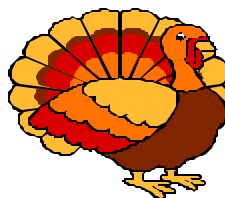
As I stated in last month's issue, we will use *The Rapid Pulse* as an important communication tool for our Division. In this issue, LCDR Anna Gonzales, Health Services Administrator of the Varick facility in Manhattan, New York, gives us a progress report on the site and its employees in the aftermath of the September 11 attacks. We also have updates on DIHS medical escorts from CAPT Carol Lindsey and new UP & UP contract information from LT Rhondalyn Cox.

As expected, our primary focus has been supporting both Health and Human Services (HHS) and our client, the Immigration and Naturalization Service (INS) in their endeavors, including the war on terrorism. Since September 11, we have deployed 31 officers to New York and Washington, DC in response to the World Trade Center tragedy and anthrax situations, as well as to the office of HHS Secretary Tommy G. Thompson.

In the current climate, it is important that we re-affirm ourselves to the val-

ues, vision and spirit that guide our Division. Slowly but surely, we are returning to business as usual, and I want to express my gratitude to those employees in the field and at Headquarters who have carried on the daily office functions while their colleagues were deployed. The commitment and dedication of all DIHS employees, whether it's our commissioned officers, civilians or contract staff, has truly been awe-inspiring. At Headquarters, it has been a time of change and transition as we have had several new staff members join our family.

Again, I want to say a heartfelt 'thank you' to every DIHS employee and extend my best wishes for a Happy Thanksgiving!



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Faces and Places

WELCOME:

Buffalo, New York:

LTJG James Patterson
(11-1-01)

Miami, Florida:

LT Victoria Vachon
(10-1-01)

Port Isabel, Texas:

LTJG Augusto Euzebio
(10-29-01)

CDR Bujean Jenkins
(10-23-01)

FAREWELL:

Port Isabel, Texas:

CAPT David Freeth

RECUPERATING:

Washington, DC:

Best wishes for a speedy recovery to CAPT Sheila O'Keefe!

Leadership

“Leadership is more than just showing up. It is the application of tested concepts and the timing skills necessary to get things done.”

— Paul Hershey, The Situational Leader

From the Chief of Staff ...

By Dr. GERALYN JOHNSON

I'd like to use this issue of *The Rapid Pulse* to clarify the process by which DIHS determines when its officers will deploy with the Commissioned Corps Readiness Force (CCRF). We encourage all Commissioned Officers who are interested, to join the CCRF. As we have witnessed over the past weeks, this organization provides a valuable service to the nation. To be a member of the CCRF, you must meet certain requirements such as keeping your information up to date on their website and completing training.

The CCRF maintains readiness rosters of persons who have been pre-approved for deployment by their employer. This process works well for most organizations in the PHS, especially those where the officers have a desk job with paperwork that can be transferred to someone else or simply put off for a few days. However, in our organization, where our employees support a health care delivery system, this process has not been successful and has the potential to jeopardize our ability to meet INS' mission. We met with CCRF some months ago, and negotiated a system of identifying DIHS officers available for deployment. When CCRF is in need of healthcare personnel,

they will notify the DIHS Point of Contact (POC). The POC evaluates the situation, taking into account upcoming surveys, staffing shortages, special INS missions, etc. HSAs are also involved in the decision making process. If we are able to support the request with someone from the ready roster, we approve that person for deployment. If they occupy a critical position within the Division, we will identify other officers who are not on the rosters.

Many of you were contacted recently by CCRF and asked to deploy, only to find that DIHS would not release you. Unfortunately many of those making the calls on behalf of CCRF were volunteers who did not understand the special agreement that DIHS has with CCRF. It was a mistake that left many of our officers feeling betrayed and for that we apologize. We will do everything we can to ensure that as many people as possible are able to participate in CCRF deployments. However, our commitment to INS comes first. They have been supportive in the past, but things have changed. INS has a huge part to play in homeland security and in the fight against terrorism. They expect our support and we must be prudent in the number of people we deploy.

If you are contacted by a member of CCRF and informed that you are being deployed, you should direct them to call DIHS HQ. Immediately notify your supervisor who will call us at HQ and let us know that you were contacted. Finally, we thank everyone for their understanding of these procedures, and for their willingness to deploy with CCRF on special missions.

Since taking over coordination of VADM David Satcher's aide de camp officers, I have had the distinct pleasure of working with a great number of competent and very enthusiastic Commissioned Corps officers throughout the United States. However, I honestly believe the officers of the DIHS exemplify the professionalism, attention to detail, patience, and dedication required for this assignment. As I continue to seek out more and more DIHS officers to serve in this capacity, I want to take the time to thank the following officers (and their supervisors!) for their sense of duty and representing the DIHS in such a positive way.

- LT Rob Steiner

*Annette Kolter
Jay Seligman
Jeanne Abaya
Frank Trenery
Rhondalyn Cox
John David*

Medical Escorts

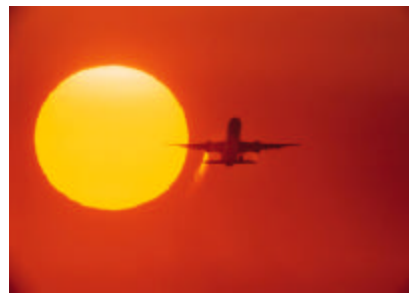
By CAPT Carol Lindsey

Do you ever dream of escaping to exotic, exciting locations? Want to get away from the office but are strapped for cash? Make your dreams come true by signing up as a Medical Escort for DIHS!

Medical escorts accompany detainees with medical and/or psychological problems, who are being deported to other countries, or transferred within the United States to different facilities. This can be accomplished by plane (commercial airlines, or Joint Prisoner and Alien Transportation [JPATS]), as well as ground transportation.

These detainees have conditions which may require medical intervention en route. DIHS medical escorts are composed of volunteer civil servant and commissioned officer health care providers including Registered Nurses (RNs), Nurse Practitioners (NPs), Physician Assistants (PAs), and occasionally a Physician or Psychiatrist.

The decision to provide a medical escort for a detainee is made jointly by a physician familiar with the detainee and the DIHS Medical Director, or their designee. The purpose of obtaining a medical escort is to provide needed medical or psychological care to the detainee during trans-



port. The medical escort accompanies the detainee along with a minimum of two INS officers who provide security during the escort. The medical escort, detainee, and INS officers are dressed in civilian clothes in order to blend in with the rest of the passengers on the commercial airline and avoid bringing unnecessary attention to the escort process.

Medication is administered only for the treatment of diagnosed illnesses. Medical escorts complete a medical transfer summary during the transport and provide a copy to medical personnel in the receiving country and return a copy to the DIHS Consultant Services Coordinator (CSC) for the patient's file. Documentation of all medical escorts is kept on file by the CSC.

Medical escorts are requested many times on an emergency basis and are scheduled for the following day, or a few days after the request. Rarely is notification given with more than a week's advance notice of the escort date.

see Medical Escorts— Page 7

Inventory Update

By LT Rhondalyn Cox

Thanks to everyone for returning all inventory files and corresponding HHS 439s. I am in the process of compiling all inventories into a 'working' spreadsheet which will list equipment information, user and location/site. Finally, this information will be entered into HRSA's accountable property program—TRAQ.



In the upcoming weeks each site will receive a copy of the inventory that is in my file. Since I need barcode numbers to use the HRSA system, I added barcode numbers for those items that didn't have them. The actual stickers will be sent to your site with a copy of the inventory.

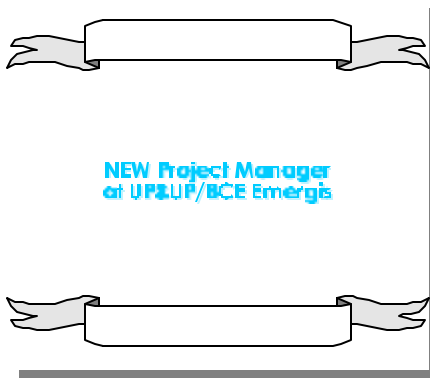


Please ensure they are attached to the items as listed.

UP & UP Contract

By LT Rhondalyn Cox

A new Project Manager, Pamela Graff, was hired on October 4th at BCE Emergis. She has been spending the past few weeks getting acclimated to the DIHS environment and understanding our complex structure.



Several meetings have already taken place between DIHS and BCE to make sure she's up to speed on all of the latest issues. She has the complete support of all upper management of BCE Emergis. This will allow her to resolve all issues in a timely manner and assist us as we improve our operations in the following areas: reporting systems, claims processing/payment and network development.

You may reach Pamela at: (301) 548-2054



OUR VALUES:

Commitment

Inclusion

Innovation

Integrity

Performance

Professionalism

Service

Teamwork

Trust

The Spirit of New York

By LCDR Anna Gonzales

The assignment came during a HSA conference call. Each SPC needed to make a poster board that told the unique story of their facility. Dead silence from all the HSAs. CDR Lavin tried to be encouraging. "It'll be fun," she said!

I'm not sure what the other HSAs were thinking but I was running through different scenarios in my head trying to think if there was *any* way I could tell my staff about our new assignment and get an enthusiastic response. As fortune would have it there was a staff meeting already scheduled the next day, so I added the new task to the agenda. The way I figured it, I would hit them with good news first: both Dr. Park and I would be away for a full week. Then I braced myself for rebellion, "Okay, next item under new business..."

Trying not to sound too contrived I explained how it would be a competition and the facility with the best poster board would win a prize, and a picture of it would be taken for our website so it would also serve as a recruitment tool. We could make it fun; in fact I wanted it to have an element of humor to reflect the personality of the staff (alright Anna, shut-up already and see what they say)...so let's brainstorm a little!

Of course the first question was, "what's the prize?" My answer, "I don't know, but Roberta said it

would be something good." Blank stares. There goes my sales pitch. Then in no time at all, as my staff has done before, they force me to believe that I am arguably the luckiest HSA in the Division. They grab on to the project and ideas are being thrown around with enthusiasm! One of the first ideas is just what's needed to focus the group— a "Top Ten" list! "The Top Ten Reasons to Work For The New York Medical Facility," is Mike Chuley's contribution. Perfect! What could be more New York than a spin-off of the Manhattan-based David Letterman Show's Top Ten list.

We designate the flip-chart as the place where staff should write down their "top ten" ideas. We'll narrow them down and polish them up later. One week before the Leadership Symposium, what began as ideas start to manifest as New York's poster board submission. It's beautiful! Shelly Hollandsworth's many talents includes arts and crafts! Sweet!



Then came September 11th. The New York Medical Facility is only about one mile from the World Trade Center and we quickly get word of the first

see New York— Page 6

Giving Thanks (Author Unknown)

**For the hay and the
corn and the wheat that
is reaped,
For the labor well done,
and the barns that are
heaped,
For the sun and the dew
and the sweet honey-
comb,
For the rose and the
song and the harvest
brought home—
Thanksgiving! Thanks-
giving!**

**For the trade and the
skill and the wealth in
our land,
For the cunning and
strength of the working-
man's hand,
For the good that our
artists and poets have
taught,
For the friendship that
hope and affection have
brought—
Thanksgiving! Thanks-
giving!**

**For the homes that with
purest affection are
blest,
For the season of plenty
and well-deserved rest,
For our country extend-
ing from sea unto sea;
The land that is known
as the "Land of the
Free"—
Thanksgiving! Thanks-
giving!**

New York— from Page 5

plane that crashes into the south tower. As the unimaginable unfolds, four of us remain at the SPC ready to assist INS. The rest of the building is evacuated. We activate the disaster plan and prepare enough medical supplies to respond to mass casualties. We try to go about our work but increasingly find it difficult to focus. So we turn to the poster board. It's a mindless task we can all do together while we listen to the radio reports of the unspeakable.

The project is now full of irony. Indeed the Twin Towers make an appearance on our poster board. And the Top Ten list, once funny to us, has jokes that are now just plain shocking in their inappropriateness. Number 8: "So close to Wall Street you can see the brokers jumping from the buildings." Number 5: "Free flights anywhere in the Middle East." And the Number 1 reason: "You are guaranteed an 'alien' encounter everyday!"

The common question now is, "what's going on with Varick?" First, we thank everyone for their calls, e-mails, and personal messages of concern. We are all fine. Many think that Varick is closed due to damage to our building from the attacks, but this is not the case. Other government agencies with office space in our building were fully functional one week after the attacks. Only INS

remains closed, for many reasons unknown.

We are a resilient and optimistic group. We have made the Division and the Commissioned Corps proud as we show great dedication to the mission of PHS. We deployed with CCRF to support the rescue workers at 'ground zero.' The clinicians served for three weeks at a HRSA community health center in Manhattan.. The staff has been on the roster to respond with CCRF on three different anthrax deployments. Chae Un Chong, our cheerfully dedicated (and very pregnant) telepharmacist has braved the eerie halls of INS as she has come in to an empty facility every day to support Queens, Elizabeth, and more recently Florence and San Pedro. We feel anxiety, anger and out-of-sorts like the rest of the nation, but the spirit of New York witnessed by millions on television is what prevails in the DIHS staff. We wish for some stability at Varick's re-opening, hopefully in January 2002. In the meantime, we will detail to other DIHS sites and continue to support Division activities.

As for the poster board? We will re-work it. Hopefully the project will give us one more reason to laugh together again, and we will have something we are proud to submit at the Leadership Symposium now planned for January 2002. And arguably, I am the luckiest HSA in the Division.

OUR VISION:

**By 2003 we are
the most
prestigious place
to work in all of
the U.S. Public
Health Service.
As the center of a
national health
care network we
provide delivery
of primary care
to expanded
populations
under the
jurisdiction of
the Immigration
& Naturalization
Service.**

OUR SPIRIT:

**We add dignity
to a necessary
process of alien
detention,
serving without
fanfare at the
forefront of
public health
protection for the
American
populace.**

Medical Escorts– from Page 3

INS procures Visas, country clearance and makes all travel arrangements.

As of September 30, 2001, DIHS has provided 81 medical escorts for the fiscal year 2001, the majority being international destinations. Medical escorts have accompanied patients to many beautiful places around the globe, including Jamaica, Mexico, Greece, and Ireland, just to name a few!

Being a medical escort can be a challenging and rewarding experience. It gives the escort the opportunity to provide medical care in a unique environment. Also, occasionally the escort is able to incorporate annual leave into their escort duty and explore new places. If you would like more information on becoming a medical escort and you are an RN, NP or PA, please contact the Consultant Services Coordinator at 202-616-1035. This is your chance to see the world!

Editor's Note:

I hope everyone will enjoy this issue of *The Rapid Pulse* as much as I enjoyed putting it together for you. It's hard to believe that this year has gone by so fast, and we are approaching the holiday season. This year, as we sit down to Thanksgiving dinner with our family and friends, I hope we all take the opportunity to realize what a blessed nation we are, and remember our fellow Americans who will be facing perhaps their toughest Thanksgiving yet as they continue to grieve the loss of their loved ones in the September attacks. Let us also hold good thoughts for our armed forces overseas who are making us all proud Americans. Happy Thanksgiving.

- Shalana Millard, Editor

DIHS Staff Deployed with CCRF Since 9/11/01

In Support of WTC Disaster

Anna Gonzales
Michael Chuley
Stephen Gonsalves
Shelly Hollandsworth
Susan Brady
Keesha Williams
Roldie Jones
Neal Collins
Lisa Hogan
Rob Steiner
Melissa Gerstner
Stacey Jennings
Chris Henneford
Barabara Barlow
Diana Schneider
Andrea Argabrite
Richard Lawson
Jay Seligman

Office of HHS Secretary

Roberta Lavin
Mary Bowling
John David

DC USPS Anthrax Response

Gilbert Rose
Marylouise Ganaway

New York USPS Anthrax Response

Karen Kosar
Glenn Archambault
Diana Rand
John Gary
Susan Brady
Roldie Jones
Shelly Hollandsworth
Michael Chuley
Priscilla Rodriguez

District of Columbia General Hospital

Jim Imholte
Don Brown
Denise Howell